Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10626661

| CLAIMS AS FILED - PART I                              |  |   |                  |  |                  |                          |            | SMALL ENTITY |                        |      | OTHER THAN         |                        |  |
|---|--|---|------------------|--|------------------|--------------------------|------------|--------------|------------------------|------|--------------------|------------------------|--|
| (Column 1) (Column 2)                                 |  |   |                  |  |                  |                          |            | YPE [        |                        | OR   |                    | ENTITY                 |  |
| TOTAL CLAIMS  |  |   | 14               |  |                  |                          | lr         | RATE         | FEE                    | 7    | RATE               | FEE<br>750.            |  |
| FOR   |  |   | NUMBER FILED     |  | NUMBER EXTRA     |                          | В          | ASIC FE      | 385.00                 | OR   | BASIC FEE          | 770.00°                |  |
| T   | OTAL CHARGE  | ABLE CLAIMS                               | 20 minus 20=     |  | *                |                          |            | X\$ 9=       |                        | OR   | X\$18=             |                        |  |
| IN.   | DEPENDENT C  | LAIMS                                     | 5 m              | inus 3 =                               | *                |                          |            | X43=         | 1                      | OR   | X86=               | 168                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                      |  |   |                  |  |                  |                          | -          | +145=        | <del> </del>           |      |                    |                        |  |
| * If the difference in column 1 is less than zero, en |  |   |                  |  | "0" in (         | column 2                 | , L        | TOTAL        | <del> </del>           | OR   | +290=              | 1198                   |  |
| CLAIMS AS AMENDED - PART II                           |  |   |                  |  |                  |                          | ,          | IOIAL        | <u> </u>               | OR   | TOTAL              | <u> </u>               |  |
|   |  | (Column 1)                                | MENDEL           | (Colum                                 | an 2)            | (Column 3) SMAI          |            |              | ENTITY                 | OR   | OTHER<br>SMALL     |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHE<br>NUME<br>PREVIO<br>PAID F      | BER<br>JUSLY     | PRESENT<br>EXTRA         |            | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Tota!  | *   | Minus            | **                                     |                  | =                        | ;          | X\$ 9=       |                        | OR   | X\$18=             |                        |  |
|   | Independent  | *   | Minus            | ***                                    |                  | <u> </u> =               |            | X43=         |                        | OR   | X86=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |  |                  |                          |            | 145=         |                        | OR   | +290=              | ·                      |  |
|   |  |   |                  |  |                  |                          | L          | TOTAL        |                        | 4 L  | TOTAL              |                        |  |
|   |  |   |                  |  |                  |                          |            | DIT. FEE     |                        | OR , | ADDIT. FEE         |                        |  |
|   |  | (Column 1)                                |                  | (Colum                                 |                  | (Column 3)               |            |              |                        | _    |                    |                        |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUMB<br>PREVIOU<br>PAID F              | ER<br>USLY       | PRESENT<br>EXTRA         | F          | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                                     |                  | =                        | ×          | (\$ 9=       |                        | OR   | X\$18=             |                        |  |
|   | Independent  | *   | Minus            | ***                                    |                  | =                        | \ \ \ \    | (43=         |                        | OR   | X86=               |                        |  |
|   | FIRST PRESE  | NTATION OF MU                             | LIPLE DEP        | ENDENT                                 | CLAIM            | <u> </u>                 | +          | 145=         |                        | OR   | +290=              |                        |  |
|   |  |   |                  |  |                  |                          |            |              |                        | OR A | TOTAL<br>DDIT. FEE |                        |  |
|   |  |   | IT. FEE <b>L</b> | ,                                      |                  |                          |            |              |                        |      |                    |                        |  |
| <u></u>   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | (Columnia) HIGHE NUMBE PREVIOL PAID FO | ST<br>ER<br>JSLY | (Column 3) PRESENT EXTRA | R          | ATE          | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                                     |                  | =                        | X          | \$ 9=        |                        | OR   | X\$18=             |                        |  |
|   | Independent  | *   | Minus            | ***                                    |                  | =                        | \          | 12-          |                        |      | Vec                |                        |  |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |  |                  |                          | <u>  ^</u> | 43=          |                        | OR   | X86=               |                        |  |
| +145= OR +290=  |  |   |                  |  |                  |                          |            |              |                        |      |                    |                        |  |
| ****  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                  |  |                  |                          |            |              |                        |      |                    |                        |  |